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ICANotes Behavioral Health EHR

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SOS
610 N. Silver St
Silver City, NM 88061

575-956-6131
575-956-6947

Madrid, Bernie

ID: 119 DOB: 3/29/1968

Case Management Note (SOS)

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7/27/2023
12:55 AM

Audit Log

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Presenting Problem:
Anxiety is still experienced by Bernie.

Recent history :
Client has a history of unspecified homelessness, unemployment, financial instability, substance and alcohol abuse. Struggles with an adjustment disorder with anxiety and depressive like symptoms, life management difficulties, poverty.

Social Support Changes:
Bernie's family or social support network has occurred no changes.

Therapeutic intervention :
Client inquired staff if he could get his mat out from the laundry room, for the night. Staff obliged, letting him into the laundry room, where he asked if it was okay for him to help start a load for rotations, and straighten up the laundry room. Staff confirmed this was okay, thanking the client for the help offered.

Assessment :

BEHAVIOR:
Medication has been taken regularly. His self care skills are intact and unimpaired. His domestic skills are intact. His relationships with family and friends are normal. He is performing normally at work. There are no early signs of substance abuse relapse and sobriety has been maintained. He is performing normally in school. There have been some outbursts or expressions of anger. There have been no reported instances of impulsive behaviors. Bernie has normal food and fluid intake. Bernie has not been confused.

Bernie appears calm, friendly, attentive, communicative, well groomed, normal weight, and relaxed. He exhibits speech that is normal in rate, volume, and articulation and is coherent and spontaneous. Language skills are intact. Mood presents as normal with no signs of either depression or mood elevation. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Suicidal ideas are convincingly denied.

Plan: Continue to accommodate client to the best of shelter abilities and continue to prompt client to continue participating in programming plans now being implemented by shelter staff.

Diagnosis ;

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